

Form 941-M for 2006: Employer's MONTHLY Federal Tax Return

OMB No. 1545-0718

(Rev. January 2006) Department of the Treasury — Internal Revenue Service

Do not file this form unless instructed to do so by the IRS.

(EIN)
Employer identification number -

Name (not your trade name)

Trade name (if any)

Address
Number Street Suite or room number
City State ZIP code

Report for this Month ... (Check ONE month only.)

- ☐ Jan. ☐ Feb. ☐ March
☐ April ☐ May ☐ June
☐ July ☐ August ☐ Sept.
☐ Oct. ☐ Nov. ☐ Dec.

Read the separate instructions before you fill out this form. Please type or print within the boxes.

Part 1: Answer these questions for this month.

- 1 Number of employees who received wages, tips, or other compensation for the pay period including: *Mar. 12* (Quarter 1), *June 12* (Quarter 2), *Sept. 12* (Quarter 3), *Dec. 12* (Quarter 4) 1
- 2 Wages, tips, and other compensation 2
- 3 Total income tax withheld from wages, tips, and other compensation 3
- 4 If no wages, tips, and other compensation are subject to social security or Medicare tax . . ☐ Check and go to line 6.
- 5 Taxable social security and Medicare wages and tips:

Column 1

Column 2

- 5a Taxable social security wages × .124 =
- 5b Taxable social security tips × .124 =
- 5c Taxable Medicare wages & tips × .029 =

- 5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d) . . 5d
- 6 Total taxes before adjustments (lines 3 + 5d = line 6) 6

7 TAX ADJUSTMENTS (Read the instructions for line 7 before completing lines 7a through 7h.):

- 7a Current month's fractions of cents
- 7b Current month's sick pay
- 7c Current month's adjustments for tips and group-term life insurance
- 7d Current year's income tax withholding (attach Form 941c) . . .
- 7e Prior months' social security and Medicare taxes (attach Form 941c)
- 7f Special additions to federal income tax (attach Form 941c) . . .
- 7g Special additions to social security and Medicare (attach Form 941c)

- 7h TOTAL ADJUSTMENTS (Combine all amounts: lines 7a through 7g.) 7h
- 8 Total taxes after adjustments (Combine lines 6 and 7h.) 8
- 9 Advance earned income credit (EIC) payments made to employees 9
- 10 Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10) 10
- 11 Total deposits for this month, including overpayment applied from a prior month . . . 11
- 12 Balance due (line 10 - line 11 = line 12) Make checks payable to *United States Treasury* . . 12
- 13 Overpayment (If line 11 is more than line 10, write the difference here.)

Check one ☐ Apply to next return.
☐ Send a refund.

You MUST fill out both pages of this form and SIGN it.

Next →

Name (not your trade name)

Employer identification number (EIN)

Part 2: Tell us about your deposit schedule and tax liability for this month.**14 Record of Federal Tax Liability and Deposits** (Read the instructions for this line.)

Tax Liability		Amount Deposited	Tax Liability		Amount Deposited	Tax Liability		Amount Deposited
Overpayment from previous month ▶								
1			12			23		
2			13			24		
3			14			25		
4			15			26		
5			16			27		
6			17			28		
7			18			29		
8			19			30		
9			20			31		
10			21					
11			22					
a Total tax liability for the month (must equal line 10)						14a		
b Total deposits for the month (including overpayment from previous month) . . .						14b		

15 Copy the amount shown on line 14b to line 11.**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.****16 If your business has closed or you stopped paying wages** ☐ Check here, and

enter the final date you paid wages

/ /

17 If you are a seasonal employer and you do not have to file a return for every month of the year . . . ☐ Check here.**Part 4: May we speak with your third-party designee?****Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS?** See the instructions for details.☐ Yes. Designee's name

Phone

() -

Personal Identification Number (PIN)

☐ ☐ ☐ ☐ ☐☐ No.**Part 5: Sign here. You MUST fill out both sides of this form and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

X

Sign your name here

Print name and title

Date

/ /

Phone

() -

Part 6: For PAID preparers only (optional)

Paid preparer's signature

Firm's name

Address

EIN

ZIP code

Date

/ /

Phone

() -

SSN/PTIN

☐ Check if you are self-employed.